



352-A Christopher Avenue Gaithersburg, MD 20879

(301) 977-6400 (301) 977-6401 fax www.bayada.com

April 9, 2018

By Email:

Jenelle Mayer, M.P.H., Allegany County Health Officer
Barbara Brookmyer, M.D., Frederick County Health Officer
Bob Stephens, Garret County Health Officer
Earl E. Stoner, Washington County Health Officer
Paul Parker, Director, Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need
Suellen Wideman, AAG
Sarah E. Pendley, AAG
Howard L. Sollins, Esquire, Baker Donelson

Maryland Health Care Commission c/o Commissioner, Marcus L. Wang, Esquire 4160 Patterson Avenue Baltimore, Maryland 21215

Marta D. Harting, Esquire, Venable LLP

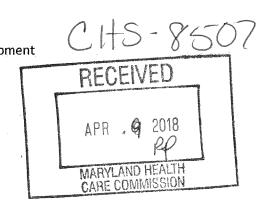
Re: Modification to Bayada Home Health Care Application Docket No. 17-R2-2399

Dear Commissioner Marcus Wang, Esq,

Please accept all below responses to your recommendations suggested for the modification to our Bayada Home Health Care CON application provided on March 9, 2018. I hope you will find all responses meet all requirements to satisfy a positive recommendation to the Commission for this CON application.

All below responses intend to highlight modifications to the Charity Care and Sliding Fee Scale standard, the Financial Feasibility standard, the Impact standard and related CON review criteria.

• Response to "1-4. Take the same four general steps regarding the Charity Care and Sliding Fee Scale standard that I recommended for Adventist."



Upon further review of all standards, we have revised our policy and procedures to be consistent with the standards. Please reference **Attachment A.1** for our revised policy that will be implemented upon CON approval to support specific CON requirements and **Attachment A.2** for our revised Charity Care Public Notice which will be posted on our website and Montgomery County Office Public Facebook webpage upon approval of CON. We welcome further recommendations to modify Charity policy language to meet Commissioners recommendations before enacting a company policy or distribution of information on a public forum.

 Response to "5. Assure that its projections regarding the provision of charity care and reduced fee services are consistent with the standard and based only on visits provided by Bayada-Gaithersburg." & Response to "6. Provide a specific and credible plan for achieving the level of charity care to which it is committed, as provided in the standard. Assumptions must be detailed and based on the experience of Bayada-Gaithersburg."

As noted during the CON project review, Bayada Home Health Care Gaithersburg does not have a track record of providing charity care. Bayada Home Health Care is in the process of changing from a for-profit entity to a not-for-profit entity within the next 2 years in an effort to continue to support our mission of serving more clients. Bayada Home Health Care Gaithersburg is committed to providing the multi-jurisdictional average of charity for the western region per comparative data available in the public use data set questions 31a, 31b, 31c that represents the average amount of charity provided by HHAs in the jurisdictions purposed to serve. Bayada Home Health Care is committed to the average number of charity clients in each jurisdiction (calculated to represent an average of 2 clients for Frederick, 5 clients in Washington, 14 Clients in Alleghany and 1 in Garrett County within a fiscal year). As noted in the CON application project review, Bayada Home Health Care will be committed to meeting an existing .31% average in Western Maryland (as the cumulative percentage for all jurisdictions).

As evident by the 2014 comparative raw data, a high percentage of the charity care provided in these jurisdictions are provided by hospital healthcare systems. Our plan will be to partner with the larger hospital systems while educating their discharge planners on our charity care policy as well as our openness to support clients in need regardless of insurance. We are confident as we begin to move through our transition to a non-profit status that the brand recognition will lead to an increased need for our services.

Response to "7. Submit correct and internally consistent Tables 2A, 2B, and 5, and Tables 3
and 4, as necessary. & Response to "8. Assure that information provided in Tables 2A, 2B, 3,
4, and 5 is based only on Bayada- Gaithersburg's performance and not on the performance of
its other provider in Maryland or elsewhere.

To clarify responses #7 and #8, we are submitting Table 2A to represent the entire Gaithersburg provider.) Table 2B that represents the projected home health agency in the expanded counties for all new jurisdictions only. Table 2C is provided to represent Montgomery County operations only to assist in your analysis.

Table 2A- Entire Agency

	Two Most	Current	Projected years ending with first year at				
	Actual	Years	full utilization				
	2015	2016	2018	2019	2020	2021	
CY or FY	CY	CY	FY	FY	FY	FY	
Client Visits	14,024	18,204	26,607	38,581	45,458	52,323	
Billable	13,930	18,074	26,417	38,305	45,133	51,949	
Non-Billable	94	130	190	276	325	374	
Total	14,024	18,204	26,607	38,581	45,458	52,323	
# of Clients and Visits by Discipline							
Total Clients	,		***				
(Unduplicated Count)	870	1,075	1,792	2,554	3,135	3,614	
Skilled Nursing Visits	4,253	5,300	9,464	13,756	18,470	21,286	
Home Health Aide Visits	284	152	534	777	837	956	
Physical Therapy Visits	6,486	8,621	10,295	14,933	16,271	18,689	
Occupational Therapy							
Visits	2,325	3,139	4,044	5,833	6,304	7,277	
Speech Therapy Visits	643	894	1,991	2,876	3,098	3,571	
Medical Social Services							
Visits	30	97	279	405	478	546	
Other Visits (Please							
Specify) - Dietician	3	1	-	-	-	-	

Table 2B- Expanded Jurisdictions

	Projected years ending with first year at full utilization						
	2018 2019		2020	2021			
	FY	FY	FY	FY			
Client Visits	4,407	14,137	20,496	23,582			
Billable	4,376	14,036	20,350	23,414			
Non-Billable	31	101	146	168			
Total	4,407	14,137	20,496	23,582			
# of Clients and Visits by		2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2					
Discipline		2000 2000 2000	77771				
Total Clients		Š					
(Unduplicated Count)	274	871	1,324	1,515			
Skilled Nursing Visits	1,568	5,041	8,328	9,593			
Home Health Aide Visits	88	285	377	431			
Physical Therapy Visits	1,705	5,472	7,336	8,423			
Occupational Therapy	To the second se						
Visits	670	2,137	2,842	3,279			
Speech Therapy Visits	330	1,054	1,397	1,609			
Medical Social Services			1.3				
Visits.	46	148	215	246			
Other Visits (Please Specify) - Dietician	-	1		-			

Table 2C- Montgomery County

	Projected years ending with first year at full utilization						
	2018	2019	2020	2021			
	FY	FY	FY	FY			
Client Visits /	22,200	24,444	24,962	28,742			
Billable	22,041	24,269	24,783	28,536			
Non-Billable	159	175	179	206			
Total	22,200	24,444	24,962	28,742			
# of Clients and Visits by Discipline							
Total Clients		Salahan da					
(Unduplicated Count)	1,518	1,683	1,811	2,099			
Skilled Nursing Visits	7,896	8,716	10,142	11,692			
Home Health Aide Visits	445	492	460	525			
Physical Therapy Visits	8,589	9,462	8,935	10,266			
Occupational Therapy							
Visits	3,374	3,696	3,462	3,997			
Speech Therapy Visits	1,661	1,822	1,701	1,961			
Medical Social Services			9	7			
Visits	233	256	262	300			
Other Visits (Please Specify) - Dietician	-	-	-	_			

Below please find updated table 3 & 4 to represent the similar project separations as noted in above table 2A, B and C. Table 3 represents the entire Gaithersburg provider. Table 4A represents only the expanded jurisdictions. Table 4B represents Montgomery County only.

Table 3- Entire Agency

The second secon	Two Most Cu Yea	current Actual Projected years ending with first year at full utilization		Projected years ending with first y		
	2015	2016	2018	2019	2020	2021
CY or FY	CY	CY	FY	FY	FY	FY
1. Revenue			THE STATE OF THE S			
Gross Patient						
Service Revenue	2,576,910	3,344,985	4,941,774	7,166,362	8,447,607	9,724,132
Allowance for						
Bad Debt	(13,617)	(72,572)	(65,177)	(93,504)	(110,791)	(128,683)
Contractual						
Allowance -					4	
Medicare	606,400	740,180	480,262	636,722	808,978	996,569
Contractual		•				
Allowance - non						
Medicare	(167,150)	(185,239)	(195,991)	(304,042)	(371,105)	(400,867)
Charity Care	(2,577)	(3,345)	(11,869)	(18,728)	(22,172)	(25,162)
Net Patient						
Services						
Revenue	2,999,967	3,824,010	5,148,998	7,386,811	8,752,516	10,165,988
Other Operating		:				
Revenues						
(specify)	2,070	327	-	-	-	-
Net Operating						
Revenue	3.002.037	3.824.337	5.148.998	7,386,811	8,752,516	10,165,988

		something violence		escariforcasiones		
2. Expenses	V.S.E.E.F7 (1)					
Salaries, Wages						
and Professional					1.00	
Fees (including						- (
fringe benefits)	1,794,603	2,268,074	3,806,133	5,238,324	6,165,115	7,119,215
Contractual		,				
Services						
(please specify)	192,009	123,932	19,922	28,346	33,341	38,370
Interest on						
Current Debt	-	•	-			-
Interest on						
Project Debt	-	-	-	-	-	-
Current						
Depreciation	5,121	5,307	-		-	
Project						
Depreciation	-	-	-	1,000	2,000	3,000
Current						
Amortization	_	-	· .	-	-	-
Project						
Amortization	_	_	-	~	-	
Supplies	41,308	43,751	91,248	130,906	155,108	180,157
Other Expenses						
(Specify)	631,990	853,054	1,007,810	1,420,254	1,686,162	1,971,094
Othe	r expenses include re	ent plus corporate all	ocations for shared serv	rices (accounting, col	lections, billing, IT, etc	2.)
Total Operating						
Expenses	2,665,030	3,294,117	4,925,113	6,818,829	8,041,727	9,311,836

3. Income						
Income from						
Operations	337,008	530,219	223,885	567,982	710,790	854,152
Non-Operating						
Income	-	_		-		-
Subtotal	337,008	530,219	223,885	567,982	710,790	854,152
Income Taxes	\$0 - entity is an S-Co	rp; taxes are paid b	y shareholders via p	ersonal taxes		
Net Income						
(Loss)	337,008	530,219	223,885	567,982	710,790	854,152
4A Payor Mix	as Percent of Tot	al Revenue				
Medicare (a)	87.0%	89.0%	87.2%	86.2%	85.7%	86.7%
Medicaid	0.1%	0.0%	0.5%	0.5%	0.5%	0.5%
Blue Cross	5.5%	5.1%	6.0%	6.2%	6.4%	6.0%
Commercial						
Insurance	5.5%	4.6%	4.9%	5.6%	5.8%	5.4%
Self-Pay	0.7%	0.2%	0.3%	0.3%	0,3%	0.3%
Other	1.2%	1.0%	1.2%	1.2%	1.3%	1.2%
TOTAL						
REVENUE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
4B Payor Mix	as Percent of Tot	al Visits				
Medicare (a)	79.8%	81.1%	82.3%	81.1%	80.4%	81.6%
Medicaid	0.2%	0.0%	0.5%	0.5%	0.5%	0.5%
Blue Cross	8.5%	8.8%	8.2%	8.8%	9.1%	8.6%
Commercial				· · · · · · · · · · · · · · · · · · ·		
Insurance	8.5%	7.9%	6.9%	7.4%	7.7%	7.2%
Self-Pay	1.1%	0.4%	0.4%	0.4%	0.4%	0.4%
Other	1.9%	1.7%	1.6%	1.7%	1.8%	1.7%
TOTAL						
REVENUE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4A- Expanded Jurisdictions

	Projected years	s ending with	n first year at fo	ull utilization
	2018	2019	2020	2021
CY or FY	FY	FY	FY	FY
1. Revenue				
Gross Patient Service Revenue	819,884	2,627,838	3,810,381	4,383,396
Allowance for Bad Debt	(10,779)	(34,284)	(49,960)	(57,996)
Contractual Allowance	46,070	124,527	199,315	270,795
Charity Care	(3,642)	(9,669)	(12,916)	(14,502)
Net Patient Services Revenue	851,533	2,708,412	3,946,819	4,581,693
Other Operating Revenues (specify)	-		-	-
Net Operating Revenue	851,533	2,708,412	3,946,819	4,581,693
2. Expenses				14 TECHNOLOGY
Salaries, Wages and Professional			-52	
Fees (including fringe benefits)	621,531	1,918,818	2,779,598	3,208,579
Contractual Services	3,278	10,387	15,033	17,292
Interest on Current Debt	-	-	-	
Interest on Project Debt		-	_	-
Current Depreciation	-	-		-
Project Depreciation	_	1,000	2,000	3,000
Current Amortization		-	-	
Project Amortization	_		, _	
Supplies	15,089	47,998	69,944	81,196
Other Expenses (Specify)	165,880	519,821	759,213	886,700
Other expenses include rent plus corpor	ate allocations for share	d services (accounti		, П, etc.)
Total Operating Expenses	805,778	2,498,024	3,625,788	4,196,767

3. Income				
Income from Operations	45,755	210,388	321,031	384,926
Non-Operating Income	-	-	-	-
Subtotal	45,755	210,388	321,031	384,926
Income Taxes				dm
Net Income (Loss)	45,755	210,388	321,031	384,926
4A Payor Mix as Percent of Total R	evenue			
Medicare (a)	87.2%	86.2%	85.7%	86.7%
Medicaid	0.5%	0.5%	0.5%	0.5%
Blue Cross	6.0%	6.2%	6.4%	6.0%
Commercial Insurance	4.9%	5.6%	5.8%	5.4%
Self-Pay	0.3%	0.3%	0.3%	0.3%
Other	1.2%	1.2%	1.3%	1.2%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%
4B Payor Mix as Percent of Total V	isits			
Medicare (a)	82.3%	81.1%	80.4%	81.6%
Medicaid	0.5%	0.5%	0.5%	0.5%
Blue Cross	8.2%	8.8%	9.1%	8.6%
Commercial Insurance	6.9%	7.4%	7.7%	7.2%
Self-Pay	0.4%	0.4%	0.4%	0.4%
Other	1.6%	1.7%	1.8%	1.7%
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%

.

Table 4B- Montgomery County

2018 FY 4,121,889 (54,398) 238,207	2019 FY 4,538,525 (59,220)	2020 FY 4,637,227	2021 FY
4,121,889 (54,398)	4,538,525		FY
(54,398)	Control March Control of Control	4.637.227	
(54,398)	Control March Control of Control	4 637 227	
	(59 220)l	A STATE OF THE PARTY OF THE PAR	5,340,734
238,207	1001001	(60,831)	(70,687)
	208,154	238,557	324,915
(8,227)	(9,059)	(9,256)	(10,660)
4,297,470	4,678,400	4,805,697	5,584,302
-	-	_	
4,297,470	4,678,400	4,805,697	5,584,302
THE SECOND			The state of the s
3,184,602	3,319,507	3,385,514	3,910,634
16,643	17,960	18,308	21,076
	-		_
		_	
\ <u></u>	-		
2.52	- 1	-51	
-	-		_
_			7.
76,156	82,910	85,165	98,963
841,931	900,437	926,955	1,084,391
	- 4,297,470 3,184,602 16,643 - - - - - 76,156 841,931	4,297,470 4,678,400 3,184,602 3,319,507 16,643 17,960 76,156 82,910 841,931 900,437	4,297,470 4,678,400 4,805,697 3,184,602 3,319,507 3,385,514 16,643 17,960 18,308 - - -

3. Income		THE CONTRACTOR OF THE CONTRACT		
Income from Operations	178,138	357,586	389,755	469,238
Non-Operating Income	-	-	-	-
Subtotal	178,138	357,586	389,755	469,238
Income Taxes				
Net Income (Loss)	178,138	357,586	389,755	469,238
4A Payor Mix as Percent of To	tal Revenue			
Medicare (a)	87.2%	86.2%	85.7%	86.7%
Medicaid	0.5%	0.5%	0.5%	0.5%
Blue Cross	6.0%	6.2%	6.4%	6.0%
Commercial Insurance	4.9%	5.6%	5.8%	5.49
Self-Pay	0.3%	0.3%	0.3%	0.39
Other	1.2%	1.2%	1.3%	1.29
TOTAL REVENUE	100.0%	100.0%	100.0%	100.0%
4B Payor Mix as Percent of To	tal Visits			
Medicare (a)	82.3%	81.1%	80.4%	81.6%
Medicaid	0.5%	0.5%	0.5%	0.5%
Blue Cross	8.2%	8.8%	9.1%	8.69
Commercial Insurance	6.9%	7.4%	7.7%	7.29
Self-Pay	0.4%	0.4%	0.4%	0.49
Other	1.6%	1.7%	1.8%	1.79
TOTAL REVENUE	100.0%	100.0%	100.0%	100.09

y:

.

In Table 5 the current number of FTEs represents Montgomery County alone. The change in FTEs represents the expanded jurisdictions.

Table 5- Montgomery County

Position Title	Current	No. of FTEs	Change	in FTEs (+/-)	Average	Salary	Total Sala	ry Expense
	Agency Staff	Contract Staff	Agency Staff	Contract Staff	Agency Staff	Contract Staff	Agency Staff	Contract Staff
Administrative Personnel	40.57	,	8.66		67,828		1,304,417	8.000
Skilled Nursing	10.57 14.24		11.68		67,607		1,752,374	0,000
Licensed Practical Nurse		in SN					-	
Physical Therapist	11.45		9.39		77,893		1,623,294	38,370
Occupational Therapist	4.16		3.42		73,906		560,210	
Speech Therapist	2.19		1.79	:	85,942		342,049	
Home Health Aide	0.53		0.43		49,669		47,682.	
Medical Social Worker	0.30		0.25		84,317		46,375	
Other (Please specify)								
						Benefits TOTAL	1,434,813 7,111,215	45,370

To note:

Benefits cost are based on our historical cost of benefits as a percent of pay for employees.

BAYADA does not pay home health staff in hours.

FTEs are calculated based on the expected productivity for a full-time staff member in each discipline.

Current No. of FTEs was determined based on the projected number of FTEs for current operations without geographic expansion at the end of Year 4.

Contractors are used in Senior Living practice as required by building. We forecast based on historical %.

Contractors column for administrative includes professional fees.

In order to match earlier schedules, benefits includes workers compensation, payroll taxes, liability insurance,

Salaries and wages Benefits Other personnel expenses	5,676,402 521,757 913,057	Employees Contractors Total	7,111,215 46,370 7,157,585
Subtotal	7,111,215		
Contractors Professional Fees Total	38,370 8,000 7,157,585		
Total	7,119,215 38,370 7,157,585		

• Response to "9. Revise other portions of its application that are affected by changes made in response to my recommendations."

We hope all revisions to our application meet the standards. Our commitment to all new communities we service are driven by our Bayada Way value system. As highlighted during the final project review of this CON application, we recognize the focus on meeting the needs of the indigent population. We agree on this focus and the overall intention of the Commission to increase the support of the underserved.

To conclude, we find it imperative to share our company's philosophy, vision, beliefs, and values:

Our Vision

With a strong commitment from each of us, BAYADA Home Health Care will make it possible for millions of people worldwide to experience a better quality of life in the comfort of their own homes. We want to build and maintain a lasting legacy as the world's most compassionate and trusted team of home health care professionals.

We will accomplish our mission and achieve our vision by following our core beliefs and values.

Our Beliefs

- We believe our clients come first.
- We believe our employees are our greatest asset.

- We believe building relationships and working together are critical to our success as a community of compassionate caregivers.
- We believe we must demonstrate honesty and integrity at all times.
- We believe in providing community service where we live and work.
- We believe it is our responsibility to strengthen the organization's financial foundation and to support its growth.

Our work is guided by our fundamental values of compassion, excellence, and reliability.

Our Values

Compassion

Key result: Our clients and their families feel cared for and supported.

Key actions:

- Work with a spirit of universal faith, hope, and love.
- Demonstrate exceptional care and kindness to others. Be led by our hearts.
- Be respectful. Treat others the way they wish to be treated.
- Listen closely, show empathy, and respond to the needs of others.
- Be friendly. Let our smiles be seen and felt.

Excellence

Key result: We provide home health care to our clients with the highest professional, ethical, and safety standards.

Key actions: Consistently demonstrate the highest level of skill, competence, and sound judgment in our work.

 Demonstrate honesty, commitment, and loyalty to our clients and their families, to fellow employees, and to our organization.

- Strive to provide the very best service to our clients. Set specific goals and work hard and efficiently to achieve them.
- Continuously improve our work through evaluation, education, and training.
- Recognize and reward those who set and maintain the highest standards of excellence.

Reliability

Key result: Our clients and their families can rely on us and are able to live their lives to the fullest, with a sense of well-being, dignity, and trust.

Key actions:

Keep our commitments as promised.

- Consistently deliver expected services.
- Fulfill our clients' needs promptly and thoroughly.
- Be creative, flexible, and determined—get the job done for our client
- Communicate clearly and consistently with clients and fellow employees.

Thank you for your consideration. We look forward to a favorable decision by the Commission.

Attentively,

David Pareja, MPA

Bayada Home Health Care- Gaithersburg, MD Administrator

ATTACHMENT

A. 1

Maryland Policies and Procedures



0-8407 CHARITY CARE - MARYLAND HOME HEALTH AND HOSPICE

This policy was adopted on Jan. 11, 2017 and last revised Apr. 6, 2018.

Our Standard:

We believe our clients come first.

Our Policy:

BAYADA Home Health Care provides uncompensated, charity care to our clients with financial hardship and in accordance with Maryland regulation.

Our Procedure:

- 1.0 BAYADA ensures access to services regardless of an individual's ability to pay.
- 2.0 <u>UNCOMPENSATED CARE FORM MARYLAND HOME HEALTH OFFICES, #0-7657</u>, the charity care policy, the sliding fee scale and time payment plans for reduced fees must be provided to all client's prior to provision of services.
- 3.0 Upon receiving a request for charity care free of charge or reduced fees, BAYADA will make a determination of probable eligibility within two business days of a request for services or an application for Medical Assistance (Medicaid).
 - **3.1** The office director will review and approve a request for charity care as follows:
 - **3.1.1** An interview with the client will be conducted by the director to discuss family size, insurance, and income and documented on <u>FINANCIAL HARDSHIP FORM</u>, #0-3683.
 - **3.1.2** Based on the interview, if the client' annual family income falls:
 - a. below 100% of the current Federal Poverty Guidelines, the client will be eligible to receive services free of charge; or
 - at least 100% of the current Federal Poverty Guidelines but less than 200% of the current Federal Poverty Guidelines, the client will be eligible to receive services free of charge or at a reduced price based on sliding fee schedule.

3.2 Reduced Price Care.

- **3.2.1** Documentation of income will be collected from individuals applying for reduced-price care pursuant to the sliding scale fee schedule.
 - 3.2.1.1 Types of documentation that may be collected for reduced price care.

Proof of Income (if employed) one of the following:

- a. 1040
- b. W2
- c. Two recent pay stubs
- d. Written statement by employer

Proof of Income (if unemployed) one of the following:

- a. Public Assistance check stub/copy
- b. Social Security check stub or letter of award
- c. Certification Letter from Medical Assistance or Department of Social Services
- d. Completed zero income form
- e. Written statement from friend or relative with whom patient

Maryland Policies and Procedures



lives (if other forms not available)

f. Letter of reference from a 501 (c) (3) organization, such as a church (if other forms not available)

Proof of Address (one of the following):

- a. Driver's license
- b. MVA ID
- Any document (envelope) recently addressed to patient such as a utility bill
- d. A written statement by relative or friend with whom patient lives.

Proof of Address (Immigrants) one of the following:

- a. Form 1551
- b. Form 194
- **3.2.2** Clients who qualify are informed of the rates he/she will qualify for as per the current Federal Poverty Guidelines and a sliding fee scale used for per diem rates.

3.2.2.1	Poverty Level (at or below)	% Discount
	100%	100%
	125%	90%
	150%	80%
	175%	70%
	200%	60%

- **3.2.3** Clients who do not qualify are informed and BAYADA assists the client with seeking alternative payment arrangement.
- 3.3 The director will submit a Biller Information Coordination Note to the Billing and Collections Office indicating the client's payor source as private pay and billing rate as per diem based on a sliding scale.
- 4.0 The provision of charity care is tracked in order to demonstrate commitment to achieving a planned annual level of charity care.
- Public notice is disseminated annually regarding BAYADA charity care policy <u>MARYLAND CHARITY</u> <u>CARE POLICY</u>, #0-9485, the sliding fee scale and time payment plans for reduced fees of \$25 per month. The notice is posted in the BAYADA office and on the website.

7.0 RELATED POLICIES.

- a. ADMISSION CRITERIA AND PROCEDURE MEDICARE CERTIFIED OFFICES, #0-672
- b. UNCOMPENSATED CARE FORM MARYLAND HOME HEALTH OFFICES, #0-7657

0-8407 - CHARITY CARE - MARYLAND HOME HEALTH AND HOSPICE

Version:

22.0 (11264)

Author(s):

JOY STOVER (2016); KIM CUNNINGHAM (2018)

Owner:

Manual, Section: MARYLAND, MEDICARE CERTIFIED POLICIES

Maryland Policies and Procedures



References:

MD Hospice and Home Health CON Application requirement for Charity Care.

Revisions:

Apr. 06, 2018, Jun. 13, 2017, Jun. 13, 2017, Jan. 11, 2017,

Comments:

ATTACHMENT

A. 2

BAYADA Home Health Care Maryland Charity Care Policy

BAYADA Home Health Care provides uncompensated charity care to our clients with financial hardship and in accordance with state-specific regulation through our charity care policy and procedures. BAYADA ensures access to services regardless of an individual's ability to pay.

This policy is aligned with BAYADA's Financial Hardship Policy, where BAYADA may waive insurance deductibles or copayments for client experiencing extreme financial hardship.

How the charity care policy works:

Upon receiving a request for charity care free of charge or at reduced fees, BAYADA will make a determination of probable eligibility within two business days in accordance with BAYADA policy and applicable law. The office director will review BAYADA's Financial Hardship Policy, and gather all required data from the client/representative to determine eligibility. Clients who qualify are informed of the rates he/she will qualify for as per current Federal Poverty Guidelines with a sliding fee scale used for per diem rates. Clients who do not qualify are informed, and BAYADA will assist the client with seeking alternative payment arrangement.

Poverty Level (at or below)	% Discoun
100%	100%
125%	90%
150%	80%
175%	70%
200%	60%
150% 175%	80% 70%

For more information:

On BAYADA's Charity Care or Financial Hardship policies, contact your local BAYADA office.

